

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

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JUL 19 2012

THOMAS G BRUTON
CLERK, U.S. DISTRICT COURT

Marcus Grant

Id# 2011-1007-093

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

12CV5679
JUDGE SHADUR
MAGISTRATE KEYS

vs.

Ill. Dept Of Corrections

Institution- Danville,

Danville Illinois

Warden

Case No: _____
(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

 COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

 OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

A. Name: MARCUS GRANT

B. List all aliases: _____

C. Prisoner identification number: Idf#-2011-1007-093

D. Place of present confinement: Cook County Jail

E. Address: 2700 S. California, P.O. Box-089002, Chicago, Ill.

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Warden Of Danville Corr. Center
Title: Warden
Place of Employment: Danville Prison, Danville Ill.

B. Defendant: _____
Title: _____
Place of Employment: _____

C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: None

B. Approximate date of filing lawsuit: None

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: None

D. List all defendants: None

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): None

F. Name of judge to whom case was assigned: N.A.

G. Basic claim made:

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): None

I. Approximate date of disposition: NONE

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved; including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

PRISONERS REVIEW BOARD, REINSTATED DEFENDANTS PAROLE

AND ORDERED AN IMMEDIATE RELEASE, AUG-3-2010

PAROLE WAS REINSTED - PAROLE WAS TERMINATED AUGUST, 13, 2010

ORDER FOR RELEASE/ BUT PRISONER, WAS HELD IN CUSTYDY

UNTIL SEPT. 4, 2010.

I INFORMED THE INSTITUTION OF THE DECISION MADE BY THE

PRISONERS REVIEW BOARD IN FORMS AND WRITTING.

Defendant was held against his will, causing pain

sufferring , punishment, and undue, and unessary Hardship

V. **Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like for the court
to APPROVE A SETTLEMENT OF
\$300.⁰⁰ DOLLARS A DAY FOR 30 DAYS
OR AT LEAST \$9,000 DOLLARS OR MORE
AS REQUIRED BY THE UNIFIED CORRECTIONAL
CODE OF THE ILLINOIS DEPT. OF CORRECTION

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 14th day of July, 2012

(Signature of plaintiff or plaintiffs)

marcus g raut

(Print name)

2011-1007-093

(I.D. Number)

2700 S. CALIFORNIA

Cook County Dept of CORR.

P.O. Box 089002 Chic. IL (60608)

(Address)